



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
TALENT INVESTMENT AGENCY
UNEMPLOYMENT INSURANCE AGENCY
SHARON MOFFETT-MASSEY, UIA DIRECTOR

STEPHANIE COMAI
DIRECTOR

Employer's Report on Partial Transfer of Business

UIA Employer Account Number:

Mail Date:

On or about _____ you transferred a portion of your business to:

from the information available, it appears that as a result of this transfer, the Transferee qualified for a pro rata assignment of your Experience Rating Account.

The percent of transfer is determined on the basis of wages of employees whose services were performed in connection with the transferred portion of your business during the four (4) completed calendar quarters preceding the transfer date.

In order to accurately transfer a portion of your Experience Rating Account and properly allocate any unemployment benefits which might have been charged erroneously to your account, please complete the back of this form and return it within 30 calendar days from the mail date shown above. Failure to comply within 30 days will necessitate a rating account determination on the basis of the best information available. This may also result in a No-Transfer.

I certify that the information contained in this report is true and correct to the best of my knowledge.

Signature

Date

Print Name

Title

Instructions and Worksheet

1. Enter the total (gross) and taxable wages paid by you during the 4 completed calendar quarters preceding the transfer date. (Total wages represent the gross amount paid each employee. Taxable wages represent the wages on which contributions were payable.) Any figures which we have entered were taken from our records. If not correct, explain fully when you submit this report.

Qtr.	Yr.		Qtr.	Yr.		Qtr.	Yr.		Qtr.	Yr.	
Total	\$	+	Total	\$	+	Total	\$	+	Total	\$	= Total \$
Taxable	\$	+	Taxable	\$	+	Taxable	\$	+	Taxable	\$	= Total \$

2. Enter the portion of above wages allocatable to the transferred portion of the business. In determining the figures to be entered, include all of the wages paid to employees who performed all of their services in connection with the transferred portion of the business, during the 4 calendar quarters indicated, whether they were employed on the transfer date or had been separated at some prior time. Include a proportionate percent of the wages of employees who performed some but not all of their services for the transferred portion. You may use the space provided in the table below to accumulate the amounts required.

Qtr.	Yr.		Qtr.	Yr.		Qtr.	Yr.		Qtr.	Yr.	
Total	\$	+	Total	\$	+	Total	\$	+	Total	\$	= Total \$
Taxable	\$	+	Taxable	\$	+	Taxable	\$	+	Taxable	\$	= Total \$

3. Enter the total and taxable wages paid from the beginning of the quarter in which the transfer occurred to the transfer date which is allocatable to the transferred portion of the business. This item does not need to be completed if the transfer occurred on March 32, June 30, September 30 or December 31 of any year.

Total \$ _____
Taxable \$ _____

4. In Section A below, list the name, Social Security number and percent of time spent by each employee who performed services in connection with the transferred portion of the business during the 4 completed quarters preceding the transfer date and during the portion of the calendar quarter, if any, in which the transfer occurred (attach additional sheets if necessary - computer printouts are acceptable). Section B is optional. However, you may find it useful in completing the wage totals required under items 2 and 3.

Section A			Section B (Optional)							
This portion MUST be completed.			Qtr.	Yr.	Qtr.	Yr.	Qtr.	Yr.	Qtr.	Yr.
NAME	SSN	% of TIME	TOTAL	TAXABLE	TOTAL	TAXABLE	TOTAL	TAXABLE	TOTAL	TAXABLE
TOTALS	Transfer to	Item 2	\$	\$	\$	\$	\$	\$	\$	\$